Beckington Family Practice

Quality Report

St Luke's Surgery
St Luke's Road
Beckington
Frome
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out a comprehensive inspection at Beckington Family Practice on 4 and 6 November 2014.This included an inspection of the St Luke's Surgery at Beckington and the inspection of the branch surgeries, at Freshford and Frome.

The provider also holds satellite surgeries in the village halls at Norton St Philip and Rode but we did not visit these locations.

Overall the practice is rated as Good. We found consistently high levels of satisfaction with the services provided.

Our key findings were as follows:

- The practice had responded well to comments in the patient satisfaction survey relating to the appointments system by installing a new digital telephone system and increasing the number of staff available to answer calls in the mornings.
- Patients told us they were treated with kindness and staff maintained their confidentiality.
- The practice worked well with other professionals to meet the needs of patients from the travelling community.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice

We saw several areas of outstanding practice including:

- The practice was able to offer hearing tests. This meant patients who needed to be referred to the Ear, Nose and Throat department at the local hospital could be referred directly rather than being first referred to the hospital audiology department.

However, there were also areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Ensure medicines and related controlled stationery are stored securely.

Summary of findings

- Review the content of the emergency medicines kit to ensure the contents reflect the contents label and treatment guidelines.
- Review the procedures for the destruction of patients own controlled medicines.
- Review the storage of the spare medicines key.
- Review the processes to support the remote collection of medicines.

In addition the provider should:

- Consider how they ensure that all dispensary staff have been assessed as competent for their role.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services as there are areas where it must make improvements. There were good arrangements for safeguarding vulnerable adults and child protection. The practice responded when things went wrong and arrangements were in place to control the risk of infection and ensure equipment was fit for use. The practice did not have suitable arrangements to ensure medicines and controlled stationery relating to the prescription of medicines were stored securely.

Are services effective?

Good

The practice is rated as good for providing effective services. Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for health and Care Excellence (NICE) and used it routinely. Patient's needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and planned. The practice could identify all appraisals and the personal development plans for all staff. Staff worked with multidisciplinary teams including other professionals working with the travelling community, hospice staff and community nursing teams.

The practice was able to offer hearing tests which meant patients who needed to be referred to the Ear, Nose and Throat department at the local hospital could be referred directly rather than being first referred to the hospital Audiology department.

If patients were in need of variable blood thinning medicines they could have a blood test and be given the results immediately . This meant they could be sure they were taking the correct dose of medicine as soon as possible without having to wait for the blood sample to be tested at the hospital pathology department.

Are services caring?

Good

The practice is rated as good for providing caring services. Data from the Quality and Outomes Framework showed that patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they

Summary of findings

were involved in decisions about their care and treatment. Information to help patients understand the services available was easy to understand. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. The practice had initiated positive service improvements for its patients that were over and above its contractual obligations. It acted on suggestions for improvements and changed the way it delivered services in response to feedback from the patient participation group (PPG). The practice reviewed the needs of its local population and engaged with the NHS Area Team and Somerset Clinical Commissioning Group (CCG) to secure service improvements where these had been identified.

Patients told us it was easy to get an appointment and a named GP or a GP of choice, with continuity of care and urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

The practice is rated as good for being well-led. The practice gathered feedback from patients and it had an active patient participation group. The practice had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been produced with the patient participation group and was regularly reviewed and discussed with staff. High standards were promoted and owned by all practice staff and teams worked together across all roles. Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice. There was a high level of constructive engagement with staff and a high level of staff satisfaction.

Summary of findings

What people who use the service say

A patient told us they were happy with all aspects of their care. They said they were referred to see a specialist about their condition and were happy with all aspects of the referral process.

Patients told us they had confidence in the GPs and nurses who worked at the practice. Patients were happy with all aspects of the service and spoke about the good care they received. One patient specifically asked to speak with one of the inspection team. They were complimentary about the dispensing service and the assistance they received with the management of medicines.

One patient of working age told us they were pleased to be able to book appointments and order repeat prescriptions on line.

We sent comments cards to the practice for patients to complete. We received 55 completed cards from patients who used the Freshford surgery, 28 from the Beckington surgery patients and 18 for Fromefield. All 101 cards received had positive comments about the practice, its staff and facilities. Patients used words like “superb” and “excellent” to describe the service provided.

We received feedback from the senior staff at three care homes where patients lived. They told us they had spoken with patients and where they were able patients spoke favourable about the practice. The senior staff said they enjoyed good relationships with the GPs and reception staff and told us they were happy on behalf of the patients who lived in the home.

Areas for improvement

Action the service MUST take to improve

The practice must ensure medicines and related controlled stationery are stored securely.

The practice must review the content of the “emergency medicines kit” to ensure the contents reflects the content labels and treatment guidelines.

The practice must review the procedures for the destruction of patients’ own controlled drugs.

The practice must review the storage of spare medicines key.

The practice must review the processes to support the remote collection of medicines.

Action the service SHOULD take to improve

The practice should consider how they ensure that all dispensary staff have been assessed as competent for their roles.

Outstanding practice

The practice was able to offer hearing tests. This meant patients who needed to be referred to the Ear, Nose and Throat department at the local hospital could be referred directly rather than being first referred to the hospital Audiology department.

Beckington Family Practice

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector. The team included a GP, another CQC inspector and a practice manager.

Background to Beckington Family Practice

Beckington Family Practice provides enhanced medical services at St Luke's Surgery, St Luke's Road, Beckington which means they provide services that are additional to the usual GP contract. It has two branch surgeries one at Younghusband House, Dark Lane, Freshford, near Bath and one, Fromefield Surgery, in the Frome Health Centre, Enos Way, Frome. The practice had approximately 9,200 patients registered and was expecting further extension of the patient list due to the growth in housing in the villages of Beckington and Norton St Philip and the town of Frome. The practice catchment area covers 100 square miles of Somerset.

The provider has opted out of providing an out of hours service and contracted with another provider for this.

St Luke's Surgery is a modern, purpose built practice with an onsite dispensary and includes the practice administration. It has separate check-in desks for the reception and dispensary and a privacy screen to enable confidential conversations between patients and reception staff. There is a comfortable waiting area with a dedicated children's play area. There is an accessible toilet.

The Freshford branch surgery is on the lower ground floor of an old property owned by a charitable trust and Beckington Family Practice has been a tenant for many years. It has an onsite dispensary and provides a service to those who live in Freshford and the surrounding villages.

The Fromefield branch surgery is in a rented part of a new purpose built health centre that is also occupied by another GP partnership. It has a separate entrance although has internal entry into the practice to enable patients to access the pharmacy within the centre.

St Luke's Surgery and Fromefield Surgery are accessible to patients who use wheelchairs and have disabled toilet facilities. The Freshford Surgery is accessible by steps to the lower ground floor entrance meaning the surgery may not be accessible to all patients who live in the area.

Patients registered with Beckington Family Practice are able to use any of the branch surgeries which means the service is accessible to all of it's patients however there is limited choice for those living in the Freshford area because of access difficulties for some people. There is no bus service to Beckington from Freshford although a volunteer based travel scheme is available in Freshford for patients without vehicles, to transport them to St Luke's Surgery.

The practice provides a visiting service to patients who live in four care homes within its catchment area of approximately 100 square miles in the northern region of Somerset.

In addition, the GPs participate in a rota to provide in-patient service to patients who are admitted to Frome Community Hospital. They are part of the East Mendip GP Federation who are involved in this scheme and share the rota. For Beckington Family Practice it means providing a service at the hospital on one day each week.

The East Mendip GP Federation is one of nine GP Federations that form the NHS Somerset Clinical

Detailed findings

Commissioning Group. The aim of the federation is for GP practices to work collaboratively to improve health care through the commissioning of effective, local services that allow more patients to be treated and cared for within their own community.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This provider had not been inspected before and that was why we included them.

The practice had branch surgeries in Freshford and Frome and we included these in our visits.

How we carried out this inspection

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried announced visits on 4 and 6 November 2014. During our visits we spoke with four GPs, the practice manager, two nurses, a health care assistant, a visiting health visitor and hospice nurse along with five reception and three administrative staff. We spoke with a pharmacist from Somerset Clinical Commissioning Group who was visiting the practice. We also spoke with patients who used each of the surgeries. We observed how people were being cared for and talked with carers and/or family members.

We spoke with nine patients at the Beckington surgery, two at Fromefield and a group of four patients and six others at Freshford. In addition we spoke with some patients as we walked around the village of Freshford.

We contacted three care homes, where Beckington Family Practice patients lived, for feedback and reviewed 101 comment cards where patients and members of the public shared their views and experiences of the service.

Good

Are services safe?

Our findings

Safe track record

The practice used a range of information to identify risks and improve quality in relation to patient safety. Quality and Outcomes Framework data for the year 2013/2014 showed the practice achieved 100% results for meeting the needs of patients with a diagnosis of asthma, cancer, depression, hypothyroidism and those at the end of life (palliative care). It's achievement was less but still generally higher than the national average for those with chronic obstructive pulmonary disease, diabetes, dementia, osteoporosis and other conditions.

Medicines recalls were received in the dispensary via two separate communication routes and acted on by dispensary staff, who also recorded the actions taken.

The practice participates in the Dispensing Services Quality Scheme (DSQS). Dispensing errors identified at the final checking stage or after collection were recorded, investigated, discussed and systems changed to reduce the risk of further errors.

Learning and improvement from safety incidents

The practice had a system in place for reporting and monitoring significant events. The analysis of significant events (SEAs) was shared between the practice partners and helped to inform the practice where improvements in performance were needed. We saw a record of SEAs was, maintained.

An example we looked at related to a patient under shared care with a consultant for their treatment. The patient developed a dementia and the practice had failed to share this important information with the consultant. They were prescribed medicine but due to their increasing confusion they were taking it more frequently than they should and less reliably, so it had to be stopped. The practice reviewed the case and concluded all patients under long term specialist care would have any new condition notified to the specialist team.

Overall the significant events we reviewed were from a range of different areas including prescribing errors, surgical technique errors, equipment problems and communication. The practice had completed actions to address these.

The registered manager told us they responded to safety alerts and relevant warnings and these were circulated amongst staff.

Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. We met with the GP lead for child protection and safeguarding vulnerable adults within the practice. They described how the practice maintained a register of children who had a child protection plan. They worked closely with the health visitor and met regularly with them to discuss patients. This included children who were on the 'at risk' register, children with special needs, looked after children and events of domestic abuse in families that may impact on children. The GPs also discussed with the health visitors mothers who were diagnosed with post natal depression.

The GP safeguarding lead had attended training in child protection at level three and all other staff had completed this training to at least level one. The other GPs were aspiring to attend the training at level three in line with national guidance.

We saw records to show staff had also attended training in safeguarding vulnerable adults. We spoke with a member of the reception team. They told us they had undergone training in safeguarding children and adults and felt well supported in this and other areas by their team leader and practice manager. Other staff demonstrated an awareness of safeguarding children and vulnerable adults.

We spoke with one of the GPs who had a particular interest in working with travellers. There were some travellers of Gypsy origin while others were Romany. Some lived in caravans however others had fixed housing in Frome. The community matron became involved in their care when required.

There were notices in waiting rooms and the consulting rooms explaining that patients could ask for a chaperone if they wished. A chaperone is a person who supports patients and practitioner during an appointment for their protection. The nursing staff, including healthcare assistants had been trained to act as chaperone. If nursing staff were not available to act as a chaperone, receptionists had also undertaken the training and understood their

responsibilities when acting as chaperones, including where to stand to be able to observe any examination. Chaperones were checked for their suitability in order to ensure they were appropriate for the role.

There were notices in each practice explaining that there was a zero tolerance to aggression.

Medicines management

The surgeries at Beckington and Freshford provided a dispensing service for patients practices and had on-site pharmacies. At the Fromefield surgery patients were able to get prescriptions dispensed at the independent pharmacy within the medical centre. Surgeries were held at Rode and Norton St Philip each week and medicines were delivered there. The practice provided a home delivery service for patients who received their medicines in dosette packs (these are a monitored dosage system).

We checked medicines stored in the dispensary and medicine refrigerators and found they were not stored securely as the refrigerator in the treatment room had a broken lock leaving the medicines unsecured. Practice staff monitored the refrigerator storage temperatures and appropriate actions were taken when the temperatures were outside the recommended ranges.

Processes were in place to check medicines were within their expiry date and suitable for use including expiry date checking and rotating short dated stock.

Vaccines were administered by nurses using Patient Group Directions that had been produced in line with national guidance and we saw up to date copies. There were also appropriate arrangements in place for the nurses to administer medicines that had been prescribed and dispensed for patients.

Staff explained how the repeat prescribing system was operated. For example, how staff generated prescriptions and monitored for over and under use and how changes to patients' repeat medicines were managed. This helped to ensure that patient's repeat prescriptions were still appropriate and necessary. All prescriptions were reviewed and signed by a GP before medicines were dispensed to the patient.

There was a system in place for the management of high risk medicines which included regular monitoring in line with national guidance. Appropriate action was taken based on the results. The practice had a system for recording medicines prescribed by others for example "hospital only" or purchased over the counter which was linked to their prescribing system and therefore provided a prescribing overview.

Blank hand written prescription forms were not handled in accordance with national guidance as these were not tracked through the practice or kept securely at all times.

The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse). For example, controlled drugs (CD) were stored in safes of a similar construction to a CD safe, access to them was restricted; however on one site the spare key was kept with the main key. Records were kept of who had collected the controlled drugs. There were arrangements in place for the destruction of controlled drugs; however these required transporting the CDs between sites.

The practice had a system in place to assess the quality of the dispensing process and had signed up to the Dispensing Service Quality Scheme.

The practice had established a service for patients to pick up their dispensed prescriptions at two locations where they held remote clinics and had systems to record the medicines collected, but not the medicines sent to the location. They also had arrangements in place to ensure patients collecting medicines from these locations were given all the relevant information they required. Medicines requiring refrigeration and Controlled Drugs were not supplied via this route.

Cleanliness and infection control

The registered manager told us infection control audits had led to changes at the practice. At the Beckington surgery they had replaced flooring, purchased wipe clean chairs and engaged an external cleaning company to improve standards of cleanliness. The same company cleaned the Freshford branch and the Frome surgery was cleaned under the medical centre contract.

In each surgery there were hand washing facilities in the toilets. There was hand washing guidance displayed and we saw good supplies of soap, hand towels and sanitising gel.

Good

Are services safe?

We saw notices displayed asking patients to notify reception staff if they thought they were suffering an infectious rash, infectious disease or diarrhoea and vomiting so they could make arrangements to minimise the risk to other patients.

At the Beckington surgery two of the consulting rooms had en-suite examination rooms. In the other consulting and treatment rooms the couch was surrounded by disposable curtains. We saw these had been recently changed. The registered manager told us the toys in the children's play area were regularly sterilised to ensure they were suitable for children to play with.

We saw staff completed training in infection control. We spoke with one of the nurses about infection control. They said the policy had been reviewed within the last six months and all aspects of infection control were closely monitored. During an interview with the practice nurse they told us there was a clear policy for dealing with bodily fluids. They told us there was a spillage kit kept in the nurses' treatment room and the contents were regularly checked. We saw there was personal protective clothing available for staff.

Clinical waste was clearly separated from ordinary waste and kept at the rear of the building and close to the treatment room to enable easy disposal. Sharp items were stored in designated boxes. The practice nurse told us they were responsible for ensuring these were not over-filled in line with guidelines produced by the Royal College of Nursing

We saw the practice kept a good supply of single use items for giving treatments and that these remained in sealed packs until needed.

Equipment

We saw equipment was maintained according to manufacturers instructions.

We were told the practice patient participation group (PPG) was established many years ago to provide a link between the practice and the patient population. The PPG was involved in fundraising to support the practice. We met some of the PPG members. They told us how their fundraising had enabled the practice to purchase some new equipment such as an oximeter, used to measure the oxygen levels in a patient's blood. They had also bought some new higher chairs for the waiting areas so patients who would have difficulty getting up from the other chairs could sit comfortably. They told us of plans to buy flood boards to protect the Freshford surgery because it had flooded recently during heavy storms.

Staffing and recruitment

The practice recruitment policy indicated a commitment to the promotion of equality of opportunity. It stated the selection procedure was designed to ensure the most suitable candidate was recruited to any vacant position. The policy clearly identified that for patient safety all candidates for appointment were subject to criminal records checks.

We looked at three staff recruitment files. Each had a recruitment checklist that recorded when recruitment activities were completed. We saw staff had submitted their curriculum vitae (CV) and completed an application form. The practice aimed to obtain two written references however, for one member of staff only one had been received in spite of the practice attempting to obtain the second reference twice. Pre-employment checks included obtaining a police record declaration from the Disclosure and Barring Service (DBS), proof of identity and right to work, medical assessment and immunisation status.

All staff signed a confidentiality agreement and were subject to induction and probationary period and when confirmed in post were issued a contract of employment that outlined the conditions of service.

One of the partners in the practice recently retired and the post had been filled.

The lead receptionist told us how they managed the rota for covering each of the surgeries. Receptionists had attended a course to enable them to check prescription dispensing for when they worked in either the Beckington or Freshford surgeries.

Monitoring of safety and responding to risk

A Monitored Medicines Dosage System was offered to those patients where the practice had identified that the patient would benefit from the system.

Remote collection of medicines was available for patients whose circumstances may make them vulnerable.

Good

Are services safe?

The surgeries had an intruder alarm system that was directly monitored by the company that installed it. When the alarm was sounded the company telephoned on of the listed key holders who then attended the practice.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. All staff received annual training in dealing with medical emergencies and resuscitation. The Beckington surgery had an external defibrillator and oxygen and a supply of medicines for use in an emergency.

The Freshford surgery had oxygen and emergency medicines. The Fromefield surgery had oxygen and emergency medicines. There was a defibrillator for use within the Frome medical centre.

Emergency medicines were kept in a secure area of the surgeries and all staff knew of their location. These included those for the treatment of angina, asthma, anaphylaxis and hypoglycaemia. Processes were also in place to check emergency medicines were within their expiry date and suitable for use. However the records were not consistent with the emergency medicines held at one location.

The practice provided fire safety training for staff and drills were carried out when the buildings were evacuated.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice philosophy was outlined on its website. It described how the practice aimed to work together to offer a caring, personal, high quality of service of primary health care to all registered patients, irrespective of age or background.

Much of the work of the practice related to the management of long term conditions and the prevention of complications arising from these. To this end all of the long term conditions dealt with in the Quality and Outcomes Framework (QOF) had dedicated folders within the practice computer system that contained national and local guidelines. The practice had recently changed its computer system and these folders could be accessed at the practice's three sites.

Each GP took responsibility for the practice management of long term conditions and we were told there were regular meetings involving the GPs and practice nurses to discuss medical interventions. In addition to the formal meetings we saw nurses had easy access to the GP for discussion about patients. We were told the practice had achieved all of the QOF long term condition indicators for 2014 which the practice felt indicated the success of the management methods used.

The practice failed to reach the QOF indicator for alcohol consumption in patients with psychosis last year by 16%. The practice was aware of this and looked into it. The mental health register had been reviewed and it was noted the other health promotion parameters had been met. A GP told us they felt the failure was related to failing to record rather than failing to ask patients about their consumption of alcohol. They told us they would address this during the current QOF cycle by use of a template to record discussions with patients.

The practice identified that full clinical audit cycles were infrequent and was attempting to address this by identifying areas of concern including the health needs and behaviours of the travellers who were registered with the practice. In addition it was using externally collected information relating to antibiotic prescribing costs. Data showed the practice was prescribing more expensive than necessary antibiotics for urinary tract infections. Following an audit of patient records the practice introduced a prescribing protocol that was shared with all GPs.

The practice undertook an audit of GP referrals to secondary care because it was noted one of the team made a high level of urgent referrals to secondary care. A log of referrals was maintained and used on an individual basis as part of annual appraisal and personal development planning.

We saw a priority for the practice was monitoring foot pulse checks for patients with a diagnosis of diabetes and monitoring breathing of patients with asthma and chronic obstructive pulmonary disease. Another recently started audit was monitoring of patients with a diagnosis of dementia.

Analysis of the travellers registered with the practice was taking place in order to include this group within the practice clinical audit cycle.

There was a dedicated member of staff who dealt with new patient registrations. Information was summarised and put on the practice computer system as soon as it was received to ensure GPs had access to information about patients.

The practice carried out hearing checks (audiology) breathing tests (spirometry) and blood tests (phlebotomy) when necessary. If patients were in need of variable blood thinning medicines they could have a blood test and be given the results immediately. This meant they could be sure they were taking the correct dose of medicine as soon as possible without having to wait for the blood sample to be tested at the hospital pathology department.

A GP told us where referral to secondary care was required the practice adhered to local guidelines related to complications associated with long term conditions.

Patients who were registered with the practice were referred to a hospital in Bath unlike others in the County who were referred to hospitals in Somerset. The hospital in Bath had different protocols to the hospitals in Somerset. A GP told us being part of the East Mendip Federation of GPs and sharing anonimised data with the hospital, a better understanding of the needs of the local population could be achieved. The practice shared care protocols with the hospital relating to the management and monitoring of

Good

Are services effective?

(for example, treatment is effective)

patients with rheumatoid arthritis led to testing of patients who were taking anti-rheumatic medicines, near to where they lived and reduced the need for uncomfortable journeys to hospital.

The practice held the right to admit patients to the Frome Community Hospital where there were 24 in-patient beds.

The practice was providing vaccination against influenza at each of its surgeries and in outreach sessions at Norton St Philip and Rode in order to serve patients in these remote areas.

Management, monitoring and improving outcomes for people

Staff from across the practice had key roles in the monitoring and improvement of outcomes for patients. The registered manager told us about the GP buddying system where the GPs provided 'on duty' arrangements. They said the practice staff did not assume the out of hours service would pick up test results after the surgery was closed. They said the duty GP would look at all test results that were sent to the practice between 6.00 and 6.30 pm and would respond by contacting the patient with their test result. The duty GP also checked their colleagues mail if they were away from work.

One of the nurses was responsible for insulin change management. Patients with a diagnosis of diabetes were recalled to the practice for annual checks by the administrative staff. Staff said this led to good control of diabetes and ensured patients were receiving the correct dose of insulin. The practice manager told us they were planning to extend this arrangement to other long term conditions.

The practice nurse carried out blood testing for INR results, relating to the time a patient's blood takes to clot. Patients told us they were pleased the practice had the equipment to provide immediate results and they did not have to wait for their blood to be tested at the hospital pathology department.

The practice was able to offer hearing tests. This meant patients who needed to be referred to the Ear, Nose and Throat department at the local hospital could be referred directly rather than being first referred to the hospital Audiology department.

There was a baby and toddler clinic held at the Beckington Surgery every Tuesday. The practice held special sessions for post natal checks where mothers and their babies could be checked during the same appointment.

We spoke with one of the GPs who had a particular interest in working with travellers. There were some travellers who were of Gypsy origin while others were Romany. Some lived in caravans however others had been allocated fixed housing in Frome. The GP told us the practice had registered between 200 - 300 travellers. They said the national average for patients attending an appointment with a GP was four or five times each year and they noticed some travellers had appointments as often as once each week. The GP worked closely with Somerset Clinical Commissioning Group and were looking at the health beliefs of the travelling community and had identified some family traits. The GP told us there was a higher than national average incidence of chronic disease in this group. They recognised some of the patients who were travellers were unable to read or write and were looking at how information could be presented to them in easy read format.

We read the record of a meeting that was held to bring together professionals, who had an interest in the well-being of the travelling community. The record highlighted the services available at the time and proposed new initiatives such as delivering education programmes for staff at the practice to make them more aware of the issues the travelling community have.

Patients who were in employment could access appointments in the evening on one day each week and on Saturday mornings. This included appointments with the practice nurse on one evening and one Saturday each month. Some patients health or medicines reviews were conducted by telephone when patients could ask for a call at a specified time to ensure it fitted in with their work commitments. The registered manager told us they had seen an increase in the on-line repeat prescription service and appointment booking system indicating this was a popular option for patients.

Effective staffing

The practice training policy related to all mandatory training, that recommended by the local medical

Good

Are services effective?

(for example, treatment is effective)

committee and that deemed necessary by the practice. The policy stated all staff were required to attend clinical governance meetings as part of their training in addition to the mandatory training.

The mandatory training plan showed staff were required to complete training in respect of working with display screen equipment, health and safety, fire safety, and hand hygiene along with health and safety. In addition there was training in disability, equality, diversity and human rights and the Mental Capacity Act 2005. Some of this was completed only once whilst other training was annually or every three years. This included infection prevention and control, safeguarding vulnerable adults, child protection, complaints and basic life support. The staff attended training in basic life support every year, as required

The practice nurses had qualifications relating to some long term conditions such as diabetes, chronic respiratory diseases, peripheral vascular disease and wound management.

The registered manager told us some healthcare assistants had 'extended roles' to enable them to carry out vaccination against influenza via patient specific directions, application of wound dressings and carry out simple hearting tests (audiology). Two of the healthcare assistants supported the 'tissue viability' (skin integrity) service by monitoring patients. The registered manager said this had been a success and there had been a drop in the number of reported pressure ulcers.

We were told that all members of staff involved in the dispensing process had received appropriate dispensing training, however regular checks of their competence were not undertaken.

A receptionist told us staff were really happy working in the practice and were well supported. They said staff liked working in a practice that was part of a community and looked after its patients and staff well.

Working with colleagues and other services

The practice was part of a federation of primary medical services in the north of Somerset. Their federation enabled them to commission local services jointly and provide more effective services for patients.

The practice manager told us the practice monitored the effectiveness of arrangements for avoiding unplanned hospital admissions.

We sat beside one of the receptionists as they took a call from the hospital. The caller wanted to speak with one of the district nurses who were based at the Beckington surgery. The district nurses were all out on calls and the receptionist showed how they entered the call in the district nurses' communication book. They showed us how the district nurses recorded when they had checked the book for messages. The receptionist told us if the call was urgent they had the district nurses mobile telephone numbers and could contact them straight away.

Information sharing

We saw a range of information leaflets in the waiting rooms for patients to take including some relating to health promotion and others concerned with explaining health conditions. Among them we saw leaflets relating to cancer, memory loss, mental health and domestic abuse. In addition there were supplies of the leaflet produced by the Care Quality Commission relating to the standards patients could expect form their GP practice.

Each surgery had a copy of the practice information booklet available in the waiting room. It replicated the information available on the practice website and gave the contact details for each surgery, information on how to book an appointment and obtain test results, the arrangements for home visits and emergency arrangements out of normal practice surgery opening hours. The booklet also contained information about the physical accessibility of surgeries, dispensary arrangements and the procedure for making complaints.

Each practice had other information relating to community activities. At the Beckington practice there was a dedicated notice board for community activities.

In each surgery the hours of opening were displayed along with the arrangements for out of hours, emergency services.

Consent to care and treatment

The practice website explained the practice policy relating to consent to treatment. It stated GPs and the practice nurses would explain the reasons for treatment, examination or procedures they advised. It added that patients should ask for further explanation if they had concerns.

One of the GPs spoke about mental capacity and the importance of ensuring patients had the right information

Good

Are services effective?

(for example, treatment is effective)

to enable them to make an informed choice. Patients such as those with learning disabilities or dementia, who may take longer to make a decision about care choices were allocated longer appointments.

Another GP described an individual case where a mental capacity assessment had been necessary to ensure the person was making an informed choice about whether to stay at home to be treated or to go into hospital.

Health promotion and prevention

We spoke with the Clinical Support Pharmacist from Somerset Clinical Commissioning Group. They were visiting the practice to look at GP prescribing to ensure it matched National Institute for Health and Care Excellence (NICE) guidelines and was in line with the local formulary. The checks were evidence based and focussed on safety and the appropriateness of prescribing. They advised the practice on the cost effectiveness of prescribing and indicated the practice was cooperative.

In each of the surgeries we saw there were chlamydia (a sexually transmitted disease) test packs for 15 to 24 year olds. Patients in this age group who were concerned about their sexual behaviour risk could take a pack so they could test for chlamydia, at home.

The practice website and brochure gave information about the range of clinics available including those for childhood immunisations and influenza vaccination. There was information on the website about how to register with the practice including, details of new patient health checks.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed reception staff dealing with patients as they arrived at the Beckington surgery. In every case patients were dealt with in a courteous and friendly manner.

Patients were able to choose a GP of their choice wherever possible. The registered manager told us the practice placed a high value on continuity of care, building a good rapport with patients and all staff knowing them well. They told us patients had unrestricted contact with the practice during opening hours and GPs would telephone patients, if requested.

One of the GPs told us how they personally greeted patients in the waiting room. They said this enabled them to assist those with restricted mobility and enabled them to commence observing how they were. They said it also gave them the opportunity to invite their carer in to the consultation if they were accompanied and that was the patient's wish.

Each surgery had a hearing induction loop for patients with impaired hearing whose hearing appliance could be tuned into the system frequency. The registered manager told us there were 'flags' on the electronic records system that highlighted patients with hearing loss. They said this was useful and reminded them to use visual cues.

We saw the parking space reserved for disabled drivers was not respected by all patients. We noted the paint identifying the parking space was faded and not clearly visible. Patients without disabilities may have prejudiced a disabled driver by using the space and preventing them from parking alongside the surgery.

.A GP told us there were a number of patients registered with the practice who were Polish and could not speak English. They said that they were usually supported by family members who could interpret for them. The practice had access to the NHS translation service if needed.

The confidentiality policy was displayed in each of the surgeries. We saw staff were required to sign a confidentiality statement.

At the Freshford surgery which had limited space we saw a notice stating that if patients wished to talk in private they should let the receptionist or dispensary staff know. They could then be taken into one of the consultation rooms to talk in confidence.

Care planning and involvement in decisions about care and treatment

A GP told us they aimed for the patient experience to be a good one and encouraged patients to be involved in decisions about their care. They said they aimed to provide a patient centred service and care planning was central to this. They added how the practice placed a high value on continuity of care and that patents should have a choice of which GP they see Much of the work of the practice was related to the care of patients with long term conditions and these were managed effectively in the practice by having a GP responsible for each of the conditions.

There was a dedicated 'results line' telephone number displayed in the practice waiting areas. Patients could telephone this number specifically to obtain medical test results.

Patient/carer support to cope emotionally with care and treatment

We saw staff attended training relating to supporting carers and helping patients to cope emotionally.

The practice used 'The Gold Standard Framework' for end of life care. The practice maintained a list of patients at end of life which the list was kept on the notice board in the district nurses office.

Regular monthly meetings were held to discuss the end of life healthcare and emotional needs patients on the palliative care register and their families. Nurses we spoke with told us the GPs were easily accessible to discuss specific patients. A visiting nurse told us the practice was the best they had worked with.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice had grown rapidly having gained an additional 500 patients since the beginning of the 2014. The practice manager indicated they saw this was likely to continue with the expansion of the villages of Beckington, Norton St Philip and the surrounding area. There was also development and on-going growth in the town of Frome.

To respond to the growth in the patient list the practice recruited a new GP to replace one of the partners who had recently retired. In doing so they increased the weekly hours of work to enable the practice to hold more surgery sessions. The practice manager told us they were re-aligning the GP rota to provide the best service in each of the practice surgeries, recognising the continuing increase in the number of patients registered with the practice. The new GP was working more hours than the GP who retired and this has enabled the practice to offer more appointment sessions for patients.

Patients were able to book appointments in person, by telephone or by using the on-line booking system. Half of all appointments could be booked up to one month in advance. The others were reserved for same day appointments. Three of these for each session, were held for emergencies.

The practice reserved one appointment for each GP during each session for patients to have a telephone consultation with a GP. These were bookable up to one week in advance.

In addition GPs were given a list of patients who had telephoned the surgery and wanted a GP to call them back. A GP told us the system was flexible and patients could specify the time they wished to receive a phone call. The practice operated a 'duty' system for the GPs and the GP on duty was responsible for ensuring all patients who wanted to speak with a GP received a telephone call on the same day.

Beckington surgery was open on weekdays from 8.30 am to 1pm and 2pm to 6.30pm. There were additional appointments on alternate Saturday mornings.

The surgery in Freshford was open from 8.30am to 12.30 on Monday and Thursday, 2pm until 7pm on Tuesday and from 8.30am to 1pm on Friday.

Fromefield Surgery was open each weekday from 8.30am – 6.30pm.

In addition a GP from the practice held a surgery in Rode village hall and Norton St Philip village hall, each week. During this time patients could collect repeat prescriptions.

Patients could request repeat prescriptions via the practice web page, in person, by hand or by post.

Tackling inequality and promoting equality

We spoke with one of the GPs who had a particular interest in working with travellers. They said the practice was involved in multi-disciplinary discussions relating to some of these patients and told us about the involvement of the community matron.

We were told how the practice was involved in 'social prescribing'. Social prescribing is a Department of Health initiative to reduce the burden on GP practices and increase patients independence and autonomy by referring patients to secondary services. An example we were told about involved a patient with a degenerative condition. They were referred to a particular service in Frome and this led to further opportunities.

Access to the service

Beckington Family Practice provided services at St Luke's Surgery, St Luke's Road, Beckington. It had two branch surgeries one at Younghusband House, Dark Lane, Freshford near Bath and one, Fromefield Surgery, in the Frome Health Centre, Enos Way, Frome. The practice had approximately 9,200 patients registered and was expecting further extension of the list due to the growth in housing in the villages of Beckington and Norton St Philip and the town of Frome.

The Beckington surgery was a modern, purpose built practice with an onsite dispensary and includes the practice administration.

The Freshford branch surgery was on the lower ground floor of an old property owned by a charitable trust and Beckington Family Practice has been a tenant for many years. It has an onsite dispensary and provides a service to those who live in Freshford and the surrounding villages.

Good

Are services responsive to people's needs?

(for example, to feedback?)

The Fromefield branch surgery was in a rented part of a new purpose built health centre that was also occupied by another GP partnership. It had a separate entrance although had internal entry into the medical centre to enable patients to access the pharmacy within the centre.

The Beckington Surgery and Fromefield Surgery were accessible to patients who used wheelchairs and had disabled toilet facilities. The Freshford Surgery was accessible by steps to the lower ground floor entrance meaning the surgery was not accessible to all patients who live in the area.

Patients registered with Beckington Family Practice were able to use any of the surgeries which meant the service was accessible to all of its patients however there was limited choice for those living in the Freshford area. There was no bus service to Beckington from Freshford although a volunteer based travel scheme was available in Freshford for patients without vehicles, to transport them to the Beckington Surgery.

Members of the PPG supported some patients to enable them attend appointments.

There were plans for the Freshford surgery to relocate to new premises within the village hall at Freshford in the future.

The practice provided a visiting service to patients who lived in four care homes within its catchment area of approximately 100 square miles in the northern region of Somerset.

In addition, the GPs participated in a rota to provide an in-patient service to people who were admitted to Frome Community Hospital. They were part of a federation of practices involved in this scheme who shared the rota. For Beckington Family Practice it meant providing a service at the hospital on one day each week.

The Beckington Surgery and branch surgeries each had an induction loop for those with hearing loss whose hearing appliances could be switched to the 'loop' mode.

Listening and learning from concerns and complaints

The registered manager told us how the patient participation group (PPG) influenced changes to the practice telephone system and led to the introduction of extended opening hours one evening each week and on Saturday mornings.

The practice leaflet 'Listening, Responding, Improving' gave patients a brief guide on how to voice their appreciation, complaints or concerns. It encouraged patients to speak with whoever they felt the most comfortable with or to put their feedback in writing, by post in the suggestion box or by sending a message via the practice website.

The leaflet outlined how NHS Somerset provided a mediation service for formal complaints. It gave the contact details of the Patient Advice and Liaison Service (PALS) and NHS Somerset Complaints Team,

The Independent Complaints and Advocacy Service (ICAS) in Somerset and the Health Services Ombudsman.

The registered manager told us complaints and suggestions were discussed at the weekly business meetings. Any actions agreed at the meeting were recorded.

The complaints procedure was included in the patient information leaflet. It explained the process and outlined how the practice would respond including a commitment to respond in a timely way

We saw the complaints procedure displayed and on the practice website. There was an identified 'lead' GP for dealing with complaints and a record of complaints was maintained. The practice had received seven complaints since the beginning of January 2014, four of which were written and the others made by telephone call.

The complaints record listed the patient reference number, date of complaint, source and category. We reviewed the complaints that were received and saw there was a chronology of events and that they related to surgery hours, delayed referral and clinical issues. The practice responded appropriately and apologised where necessary. When the complaint was related to the care of a relative, the practice sought consent from the patient before responding.

Are services well-led?

Good

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

Vision and strategy

The registered manager told us the practice ethos was to give all its patients, regardless of background or circumstance, the best possible medical care. They said they did this by respecting patient's wishes and involving them in decisions about their care. They felt this enabled them to care better for themselves and their families. They said the practice valued its patients by getting to know them and their families, being compassionate and providing continuity

Governance arrangements

One of the reception staff told us about the practice 'meeting structure' that supported all areas of work. There were business meetings, clinical meetings and separate staff meetings on a regular basis. The receptionist told us the support and information flow between the meetings ensured all staff were informed on appropriate matters.

Clinical meetings were held monthly and focussed on a different aspect of the work of the practice each month. Records of meetings showed any actions identified were followed up. Significant events and clinical issues were discussed and records maintained.

The practice had regular dispensary meetings, attended by the partner responsible for the dispensary and dispensary staff, at which incidents involving medicines were discussed.

Leadership, openness and transparency

The registered manager said a cohesive and supportive staff team was key to meeting the values of the practice. They told us it was important for staff to feel valued and motivated to seek high standards.

The practice manager had been employed in the practice since 2005 and told us how they felt they had an influence on building the staff team. Each group of staff had a team leader who along with supervising the team had other areas of responsibility such as accounts, rotas and training.

Staff had access to the practice policies and procedures at all times. A copy of the staff handbook was kept centrally within the practice and was also available for staff to access on the practice internal website.

Practice seeks and acts on feedback from patients, public and staff

The practice welcomed feedback to improve its standards and each surgery had a suggestion box. The practice leaflet 'Listening, Responding, Improving' gave patients a brief guide on how to voice their appreciation, complaints or concerns. It encouraged patients to speak with whoever they felt the most comfortable with or to put their feedback in writing, by post in the suggestion box or by sending a message via the practice website.

An annual patient survey was carried out and the findings were discussed with the patient participation group (PPG). A significant area of concern was telephone access and in response a new digital telephone system was installed. In addition an extra member of staff was allocated to answer telephone calls in the mornings. Another response made by the practice was the introduction of pre-bookable telephone consultations.

Management lead through learning and improvement

The registered manager said it was important for the management team to set an example of care and commitment in order to drive for continuous improvement. The practice gave staff access to an external support scheme that included a counselling service.

We saw staff had a range of learning opportunities. They completed in-house training, e-learning and had opportunities to attend external training events. Training courses included learning related to Osteoporosis and Fybromyalgia.

The practice manager had trained as an accountant and had a qualification in business administration. They had completed courses in risk management, staff appraisal and medical terminology for practice managers.

A member of the administration team told us all training was booked in advance and the senior administrator reminded staff when training was due. They told us the annual appraisal process enabled a review of training needs to take place.

We saw evidence which showed staff completed safeguarding vulnerable adults and child protection training, clinical governance, infection control and equality and diversity training. In addition there was fire safety training, dealing with medical emergencies and

Are services well-led?

Good

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

chaperoning. Nurses records showed they had attended courses in diabetes, ulcer management, spirometry (measuring lung function), health checks and women's health.

The lead receptionist told us they supervised the reception team and carried out annual appraisal. The receptionists had a monthly meeting to discuss relevant issues.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines Patients and other people were not protected against the risks associated with unsafe or unsuitable storage of medicines and related stationery. The content of the emergency medicines kit did not reflect the contents label and treatment guidelines. The procedures for the destruction of patients own controlled medicines were in need of review. The spare medicines key was not stored safely. The processes to support the remote collection of medicines were not safe.